

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
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40570 7590 09/30/2009

FRIEDRICH KUEFFNER
317 MADISON AVENUE, SUITE 910
NEW YORK, NY 10017

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Friedrich Kueffner	(Depositor's name)
<i>Sh. V.</i>	(Signature)
12/29/2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/553,891	10/10/2006	Werner Heidel	RW-176PCT	9896

TITLE OF INVENTION: DEVICE FOR THE IN-SITU DISPOSAL OF HEALTH-CARE WASTE, IN PARTICULAR OF INCONTINENCE ARTICLES AND METHOD FOR THIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEIFU, LESSANEWORK T	1797	422-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Friedrich Kueffner 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Teeuwen Prazisions GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

D-41748 Viersen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1835 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Friedrich Kueffner

Typed or printed name Friedrich Kueffner

Date 12/29/2009 IADDO2 00000145 10553891
12/29/2009 755.00 OP
01 FC:2501 300.00 OP
Registration No. 29,482

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<i>In Vt.</i>	(Signature)
12/29/2009	(Date)

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D-41748 Viersen, Germany

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Authorized Signature

*W. Kueffner*Date 12/29/2009

Typed or printed name

Friedrich Kueffner

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